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APPLICANTS

James E. Grimm, Winona Lake, IN;
 Shawn E. McGinley, Fort Wayne, IN;

** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no					
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after					
Verified and Acknowledged	<i>Abell Grimm</i> Examiner's Signature	<i>SL</i> Initials	STATE OR COUNTRY IN	SHEETS DRAWING 9	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4

ADDRESS

43231

TITLE

Navigated orthopaedic guide and method

FILING FEE RECEIVED 1234	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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